School Health Record*

School Health Section

AT the request of Dr. Southworth, I accepted chairmanship of the Committee on School Health Records. The committee was established "to survey the types of health records now used and the purpose they serve, and to recommend improved records and procedures for their effective use." Since it was obvious that this rather broad mission could not be accomplished during the summer months, the chairman limited the program of the committee to basic topics, which will be discussed later, with the thought that the broader problems relating to school health records would be proper topics for discussion at this meeting.

The following accepted membership on the committee:

Hazel D. O'Neal, Health Coördinator,
Office of the Superintendent of Public Instruction,
Springfield, Ill.

Jessie M. Bierman, M.D.,
Professor of Maternal and Child Health,
University of California,
Berkeley, Calif.

Claire A. Christman, M.D.,
1800 North Edison Street,
School Health Department,
Arlington, Va.

Morey R. Fields, Ed.D.,
School of Education, New York University

Harold Jacobziner, M.D.,
Chief of Elementary and Junior High School Health Services,
New York City Department of Health

Albert D. Kaiser, M.D.
Health Bureau,
44 West Marshall Street,
Rochester, N. Y.

Charles L. Maxwell, M.D.,
Division of Health Service,
Eastern Illinois State College,
Charleston, Ill.

Ruth Taylor,
Consultant for School Health,
Bureau of Nursing,
New York City Department of Health

The chairman asked each member to prepare a statement concerning the following:

(a) Basic purpose for maintaining a school health record.

(b) Basic information to be included in a school health record.

In addition, to give opinion as to the relative merits of the single medical record and the double medical record, that is, medical record plus pupil health card.

Statements were received from each member of the committee on these subjects and, after going over them, I have briefly summarized common points contained in the six reports received.

It is interesting to note that although there was no communication between the various members on these topics, their opinions were remarkably similar. They were in agreement that the basic purpose of maintaining a school health record is to have cumulative information on the health aspects of the school child in order to give continuing intelligent health supervision on an individual basis. There were individual variations on this general statement which seemed to be depending upon whether a committee member was a physician or an educator. In addition, it was pointed out that not only must the medical record serve the basic purpose mentioned above but that it could be useful in—

* Report of the Committee.

(a) analyzing and evaluating the school health program; (b) assisting the teacher in understanding the child and in developing her ability to observe health deviations; (c) providing a useful link between the home, school, and the community.

With respect to the question of what basic information should be included in a school health record, there was a variety of opinions, but when looked at carefully each committee member included identical items, the variation being more in detail rather than in difference of opinion. I shall quote from one of them which, although brief, is very concise. It is as follows:

Basic information to be included in a school health record

1. Information identifying the individual
2. Family history
3. Personal history
4. Results of the medical examination
5. Results of any special tests or examinations
6. Summary of findings significant to the school
7. Recommendations to the school
8. Recommendations to the home
9. Indications of the follow-through process

I assume that the member in this instance meant by "personal history" not only personal medical history but immunization history also.

With respect to the question of the merits of the single versus the double medical record, five members of the committee were in favor of the double record for various reasons, whereas one did not feel that it was possible to point out the merit of either single or double record. While the majority were in favor of the double record, there were various qualifications to the statements given and it appears to me that these might well be a topic for discussion at this open meeting.

The whole subject of school medical records brings many questions to mind, some of which must be answered on a purely local basis, whereas others seem to have general interest. For example, one may inquire "in whose hands should the school medical record be retained?" Should it always be in the hands of the school nurse, who may get to the school infrequently, or with the principal, who is the ultimately responsible person in the school?

How confidential can school medical records be kept?

How much medical information which appears on a medical record should be given to a school teacher?

How long should school medical records be kept?

How can useful information concerning the child's health at school be obtained from private physicians?

How important is the form of the medical record?

If it may be assumed that it has space for basic information, such as described above, does it make much difference as to form? It has been my experience that the most important part of the school medical record is the person who makes it out and uses it. Records, however brilliant in conception, do not serve a useful purpose unless persons using them understand and record on them conscientiously.

REPORT OF COMMITTEE ON SCHOOL HEALTH RECORDS

The group discussed the basic purposes of a school health record and, while there was general agreeement with the committee's ideas on this, it was at once apparent that the form and content of the record, as well as the method of use, would vary widely. What might be suitable in one locality would be impractical in another.

Among the more important factors influencing the form and application of school health records, the following may be mentioned:

1. General aims of the school health program.
2. Amount of medical and nursing service available.

3. Frequency of examination.
4. Extent of teacher participation.
5. Geographical—whether School Health Service is rural or urban.
6. Availability of ancillary medical services.
7. Administrative responsibility, i.e., by Board of Education, Department of Health, or other.
8. Method of record transfer.
9. Parent participation in school health program.

Single Health Record versus Double Health Record

Considerable discussion arose as to the value of the single and double health record plans. One group found the double system working very satisfactorily, while another had discarded it in favor of a new type of single record. Opinion was expressed from one quarter that the single medical record included as part of the scholastic record worked out well. It appeared that the degree to which the classroom teacher is brought into the health program and the extent to which formal teacher-nurse conferences are developed determine, in some measure, the success of the double health record plan. It was interesting to note that in some programs a single health record is maintained at the school and an additional card file, or roster, is kept by the nurse to facilitate her follow-up work on pupils. In some cases the single health record is held by the nurse, who visits the school again following a doctor session to follow up with the classroom teacher on children with health problems. Her health record file serves as a basis for home visits also. In other instances the health card remains with the classroom teacher in a separate file, or is included in the scholastic record. This latter plan raises the speculation as to how and where to record medical information of a confidential nature, of no use to the teacher in her health observation of the child, but which could do him harm if accidentally disclosed.

Types of Health Records

As was to be expected, the records described differed widely in form from simple 3 x 5 cards, with check listings for physical defects, to the more elaborate type with space provided for additional entries, such as psychological scoring, medical specialist consultations, guidance counseling, etc. By and large, the forms used were the result of experimentation and were said to suit the needs of the particular school health service in which they were used.

The question of establishing uniform school health records on a state or county level was mentioned. In a limited experience it was found that such forms were usable in the county rural areas, but were not acceptable in large urban communities having well established school health services. From the discussion reported above it appears that uniformity of records is not a desirable feature, programs differing as they do, and would be very difficult to achieve in any event.

On the whole, the open sessions on school health records were well received. The groups attending them actively participated in the discussions, and the presentation and exchange of ideas on this topic served as a stimulus to the Committee on Records, as well as to the group, for further study in this subject.

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New York City Health Department, New York, N. Y., *Chairman*